

Subluxation of Eyes in Crouzon Syndrome

A 3-year-old boy, diagnosed case of Crouzon syndrome, presented with sudden protrusion of both eyes out of the orbit during a bout of cough (*Fig. 1*). On examination, vitals were stable. Bilateral subluxated eyes were seen, with normal cornea and anterior chamber. Pupils were bilaterally equal and reacting. Eye ball movements were absent with normal intra-ocular pressure; fundus was normal. Anterior narrowing of the head was present with a normal head circumference. Examination of limbs as well as systemic examination was within normal limits. Eyes were repositioned and emergency lateral tarsorrhaphy was done, following which the child had normal vision with no residual damage. After a month, he underwent surgical correction of craniosynostosis and orbital reconstruction, and there has been no recurrence of subluxation of eyes thereafter.

While subluxation of globe is rare in children, Crouzon syndrome is known to be a predisposing factor. Timely repositioning usually results in a good outcome.



FIG 1 Subluxation of eyes in a child with Crouzon Syndrome.

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Genital Herpes Infection in an Adolescent with Diabetes Mellitus

A 14-year-old girl with insulin-dependent diabetes mellitus presented to us with a 3-day history of burning vaginal pain. She had no fever, vomiting, or diarrhea. She had no previous hospital admissions for diabetes, and had no history of any sexually transmitted diseases. Examination showed an erythematous and edematous perineal area dotted with numerous painful vesicles extending over the entire external genital organs, including clitoris, labia majora and the anal region (*Fig. 1*); along with inguinal lymphadenopathy. There was no vaginal discharge. Blood gas analysis revealed metabolic acidosis, and urine examination confirmed presence of glycosuria and ketonuria. We diagnosed her as having diabetic ketoacidosis induced by genital herpes infection. Herpetic serology was initially negative, but seroconversion for herpes simplex virus 2 (IgM) was documented after one month. She was treated with intravenous aciclovir (10 mg/kg/dose 8 hourly) for 10 days along with insulin therapy.



Fig. 1 Multiple vesicles over genital region in an adolescent girl.